Insurance Premium Payment Assistance Client/Parent/Guardian Reimbursement Set-Up Form

Complete this form and attach a copy of your Social Security card showing your name and Social Security number.

Darant/Guardian	s (or Adult Client's)	Name:			
Parello Guardian	s (of Adult Chefit s)	Name.			
Parent/Guardian'	s (or Adult Client's)	Social Security #:			
CIDC Client's Name:			CIDC Case #:		
CIDE CHEM STA	LAST	FIRST	MIDDLE		
Mailing Address:	STREET ADDRESS OR PO			TX	
			CITY	STATE	ZIP CODE
Telephone Numb	oer:(AREA CODE)	NA OED		-	
	(AREA CODE)	NUMBER			
		TEVA C DEDA D	TMENT OF HEAL		
		TEXAS DEPAR	TMENT OF HEAL	l H	
Mail to:		l & Disabled Ch 1100 West 49th Str	ildren's (CII	C) Services	Program
Phone #: 1-8		1100 West 49th Str	ildren's (CIE et Austin, Texa Client/Parent	C) Services 5 78756 fax #: 1-8	00-441-51
Phone #: 1-80	00-252-8023 x	1100 West 49th Str	ildren's (CIE et Austin, Texa Client/Parent	C) Services 5 78756 fax #: 1-8	00-441-51
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